TDDD6702				MODEL CAROLINA		DACE	: 1	
IPDR6702 RUN DATE:	12/06/2004		IPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE	1	
				ECKWRITE DATE: 12/07/2004				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		marc	momat	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS PAID
	THOY I DELY MANAGE				Daivariao	DENTITIO	I IMIDIDO	11112
3404901	SMOKY MOUNTAINM	8505	430	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		11	14	CLIENT NOT ELIGIBLE ON SERVICE		45.6	545	-
				DATE	U	456	515	53
		8800	12	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0	0		0	0	0	- 1
	1		I					
3404904	MPOTEDN HIGHTON	8599	148	DETAIL NOT COVERED BY COMBINAT	 			-
	WESTERN HIGHLAN DS LME			ION OF RECIPIENT, PROVIDER AND	 			
				BENEFIT PACKAGE.	1			
		8517	90	CLAIMS DENIED, SUBMITTED BEYON	22	397	2007	1610
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8622	54	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
		0	0		0	0	0	
							v	,
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	
					0	0		
3404910	PATHWAYS	27	146	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE				
	1		I	CORRECT DIAGNOSIS CODE AND SUB				
	+	8599	120	DETAIL NOT COVERED BY COMBINAT	2	454	6441	598
	+			ION OF RECIPIENT, PROVIDER AND	3	454	6441	298
				BENEFIT PACKAGE.				
		8518	86	CLAIM DENIED, SUBMITTED BEYOND				
	+		1	FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	1			
	+		 	COME DOS MUSI DE SUDMITTED BI	1			-
3404912	CATAWBA COUNTYM	8599	212	DETAIL NOT COVERED BY COMBINAT	 			
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		1						
	1	8931	131	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	132	391	4951	456
	+		 	NY TORW IN LENG.	 			-
	+		1		 			
		11	23	CLIENT NOT ELIGIBLE ON SERVICE	 			
				DATE				
040404			150					
3404913	MECKLENBURG COM	11	469	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT		 	MANAMA MANAMANA	 			-
	+				 			
		0	0		0	469	469	
	+	1		1			.00	

			1		1	ı		
PROVIDER		HIGH DENIAL	NUMBER OF		marca	moma r	TOTAL	TOTAL
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	8599	217	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	181	CLAIMS DENIED, SUBMITTED BEYON	2	621	5184	4563
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		21	60	DUPLICATE OF CLAIM-SYSTEM				
3404917		11	217	CLIENT NOT ELIGIBLE ON SERVICE				
	CENTERPOINT HUM	11	217	DATE				
	AN SERVICES			DATE				
		8931	109	AMTNC INELIGIBLE TO RECEIVE SE	123	559	1873	1314
				RVICES IN IPRS.	123	333	1075	131
		8599	105	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	_							
3404918 F	ROCKINGHAM CO M	8599	146	DETAIL NOT COVERED BY COMBINAT				
F	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	100	OVERNO NOR BY COLDER ON COLDER				
		11	106	CLIENT NOT ELIGIBLE ON SERVICE	36	304	1972	1668
				DATE				
		1						
		8935	28	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				-
				RVICES IN IFRS.				
3404919	GUILFORD CO MEN	8599	180	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
	TAL REALING			BENEFIT PACKAGE.				
		143	98	CLIENT ID NUMBER NOT ON STATE	61	397	4180	3783
				ELIGIBILITY FILE				
		8931	48	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
	ALAMANCE CASWEL	8505	2328	CLAIM DENIED DUE TO INSUFFICIE				
I	L AREA MH D			NT BUDGET				
		8599	822	DETAIL NOT COVERED BY COMBINAT				
		0399	022	ION OF RECIPIENT, PROVIDER AND	27	3430	8693	5263
				BENEFIT PACKAGE.				
		11	69	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		1						
3404921	ORANGE PERSON C	5312	912	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA	İ		DED				
	_							
		8599	180	DETAIL NOT COVERED BY COMBINAT	39	1397	4481	3084
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				ļ
		27	44	DIAGNOSIS CODE MISSIMO OD INUS				
		21	10 1d	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE				
		1		CORRECT DIAGNOSIS CODE AND SUB				
		 						
3404922		11	32	CLIENT NOT ELIGIBLE ON SERVICE	1		1	-
	THE DUDUAM COM	1		DATE	1	l .		l
	THE DURHAM CENT							i .
	THE DURHAM CENT ER			DATE				
				DATE				
		8599	6	DETAIL NOT COVERED BY COMBINAT	0	38	38	
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	38	38	C
		8599	6	DETAIL NOT COVERED BY COMBINAT	0	38	38	0
I	ER		6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	38	38	0
I		8599	6 616	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT	0	38	38	0
3404923	ER		6	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND	0	38	38	C
3404923	ER VGFW AREA AUTHO		6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT	0	38	38	
3404923	ER VGFW AREA AUTHO	8599		GETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			
3404923	ER VGFW AREA AUTHO		6 616	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	0	38	2634	
3404923	ER VGFW AREA AUTHO	8599		GETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2			
3404923	ER VGFW AREA AUTHO	8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	2			
3404923	ER VGFW AREA AUTHO	8599	122	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	2			
3404923	ER VGFW AREA AUTHO	8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	2			
3404923	ER VGFW AREA AUTHO	8599	122	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	2			1785

PROVIDER	_	HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	120	436	CLIENT ID NUMBER MISSING OR IN				
	R FOR MH/DD			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8599	395	DETAIL NOT COVERED BY COMBINAT	81	2010	4005	000
				ION OF RECIPIENT, PROVIDER AND	81	2010	4895	288
				BENEFIT PACKAGE.				
		21	243	DUPLICATE OF CLAIM-SYSTEM				
3404926	COUMURA CHERNY DE	11	703	CLIENT NOT ELIGIBLE ON SERVICE				
	SOUTHEASTERN RE G MENTAL HL			DATE				-
		8599	117	DETAIL NOT COVERED BY COMBINAT	85	1214	5590	437
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				-
		143	109	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404927	CUMBERLAND CO M	8505	189	CLAIM DENIED DUE TO INSUFFICIE				
	HC	1	+	NT BUDGET				
	+		+					
	+	8599	180	DETAIL NOT COVERED BY COMBINAT		463	2362	189
	+		+	ION OF RECIPIENT, PROVIDER AND	0	463	2362	109
				BENEFIT PACKAGE.				
		8800	41	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404929	THE HARMES AND	8517	14	CLAIMS DENIED, SUBMITTED BEYON				
	LEE HARNETT MH/ DD/SAS		-	D FILING TIMELIMIT. JULY				
	DD/ 383			THROUGH APRIL DOS MUST BE SUBM				
		8599	10	DETAIL NOT COVERED BY COMBINAT	0	54	3293	323
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	a	CLIENT ID NUMBER NOT ON STATE				-
				ELIGIBILITY FILE				
3404930	JOHNSTON COUNTY	8931	94	AMTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTHC			RVICES IN IPRS.				
		11	31	CLIENT NOT ELIGIBLE ON SERVICE	110	171	2909	273
		-	-	DATE	110	1/1	2909	2/3
		8599	23	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404931	W3.V2 CO 117M C1/C	23	2	SERVICE REQUIRES PRIOR APPROVA				
	WAKE CO HUM SVC BILLING OF		+	L .				1
			+		+			
	1	0	0		0	2	2	
	1							<u> </u>
3404932		0	0	*** NO DATA TO REPORT ***				
	RANDOLPH/SANDHI	-	Ť	Ditari 10 Alan Vala	+			
	LLS CO MH C							
	1		+		1			
		0	0		0	0	0	
1404000		4.4	F 2	OLITHAM NOW BY LOTHING ON THE PROPERTY.				<u> </u>
3404933	SOUTHEASTERN CT	11	52	CLIENT NOT ELIGIBLE ON SERVICE DATE	1			<u> </u>
	R FOR MH/DD	1	+		+			
			+	+	+			
	1	8599	14	DETAIL NOT COVERED BY COMBINAT	15	96	1537	144
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	1	0021	10	MENG THE FOREST TO DESCRIPT				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
			+	NVICEO IN IPRO.				

DROITE		HTOH BRIEFS					TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934		11	47	CLIENT NOT ELIGIBLE ON SERVICE				
3404934	ONSLOW COUNTY B	11	4 /	DATE				
	EHAVIORAL H			DATE				
		8599	19	DETAIL NOT COVERED BY COMBINAT		86	604	518
				ION OF RECIPIENT, PROVIDER AND	1	86	604	518
	+			BENEFIT PACKAGE.				
		8517	5	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
	+			THROUGH APRIL DOS MUST BE SUBM				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	
3404936	WILSON-GREENE M	8517	39	CLAIMS DENIED, SUBMITTED BEYON				
	ENTAL HEALT			D FILING TIMELIMIT. JULY				
		1		THROUGH APRIL DOS MUST BE SUBM				
		21	22	DUPLICATE OF CLAIM-SYSTEM	30	138	1010	87:
		1						
		8518	21	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404937	EDGECOMBE NASH	8517	89	CLAIMS DENIED, SUBMITTED BEYON				
	MNTL HLTH C			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		21	63	DUPLICATE OF CLAIM-SYSTEM	7	222	2522	2300
		8505	33	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404938	VGFW DBA RIVERS	24	26	PROCEDURE CODE, PROCEDURE/MODI				
	TONE COUNSE			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
				CLIENT NOT ELIGIBLE ON SERVICE				
		11	18	CLIENT NOT ELIGIBLE ON SERVICE DATE	13	63	451	381
				DATE				
	+							
	+	8932	6	CMTNC INELIGIBLE TO RECEIVE SE			-	-
	+			RVICES IN IPRS.			-	-
		1	1	NY LUMP IN LENG.			-	-
		+					 	
3404939		11	172	CLIENT NOT ELIGIBLE ON SERVICE			-	-
J-04333	NEUSE MENTAL HE	**	- 1 -	DATE			-	-
	ALTH CENTER	+					 	-
	+		1				-	-
		8517	42	CLAIMS DENIED, SUBMITTED BEYON				-
			1	D FILING TIMELIMIT. JULY	2	343	1090	741
		+		THROUGH APRIL DOS MUST BE SUBM			 	
		+		THE STATE OF THE S			 	-
	+	8518	32	CLAIM DENIED, SUBMITTED BEYOND			 	-
				FILING TIMELIMIT. MAY AND			 	
	1	+	1	JUNE DOS MUST BE SUBMITTED BY			+	
	1	+	1				+	
3404941	DITTE CO MU /DD /C	11	338	CLIENT NOT ELIGIBLE ON SERVICE			+	
	PITT CO MH/DD/S	1	1	DATE			+	-
	AS CENTER	+	1				+	
	+	+					 	-
	1	8599	138	DETAIL NOT COVERED BY COMBINAT	83	820	2726	190
	1		1	ION OF RECIPIENT, PROVIDER AND	83	820	2/26	190
		1	1		1			
				BENEFIT PACKAGE.				
		21	94	DUPLICATE OF CLAIM-SYSTEM				

							TOTAL	
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	ROANOKE CHOWANH	8599	48	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE	20	79	2023	1944
				RVICES IN IPRS.				
		8935	7	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404943	ALBEMARLE MENTA	8599	329	DETAIL NOT COVERED BY COMBINAT				
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	51	CLIENT ID NUMBER DOES NOT MATC	59	528	2721	219:
				H PATIENT NAME				
		11	33	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		<u> </u>						
3404944	EASTPOINTE HUMA	8599	84	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES		L	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	55	AMTNC INELIGIBLE TO RECEIVE SE	117	335	9336	900:
				RVICES IN IPRS.				
		8935	42	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	11	518	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
	DIVATIN HARMA							
		5404	310	SEVERE DUPLICATE: SAME ATTD PR	3	1273	8304	703:
				OV/PCODE/TOS/DOS/MOD	-			
		191	143	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404957	TIPLING MINIST	8931	20	AMTNC INELIGIBLE TO RECEIVE SE				-
	TIDELAND MENTAL			RVICES IN IPRS.				
	HEALTH CTR	1	1					
	1	1	1	1	1		1	
	+	8599	10	DETAIL NOT COVERED BY COMBINAT	0.0		24.4	
	+	1.7	<u> </u>	ION OF RECIPIENT, PROVIDER AND	36	49	714	66
	1	1	1	BENEFIT PACKAGE.	1		1	
		+	 					
		8935	8	ASTNC INELIGIBLE TO RECEIVE SE				
			-	RVICES IN IPRS.				
	-		-					
		1	-	 				
3404959		0	0	*** NO DATA TO REPORT ***				
J-04539	DAVIDSON CO MEN	~	-	NO DATA TO REPORT				
	TAL HLTH CT	1	-	 				
		-	-					
		0	0		-		-	
		~	~		0	0	0	-
			-					
3404979	1	8505	3829	CLAIM DENIED DUE TO INSUFFICIE				-
J4049/9	NEW RIVER AREAM	0303	2023					-
	H/DD/SA PRO			NT BUDGET				
		11	258	CLIENT NOT ELIGIBLE ON SERVICE	29	4249	5174	92
				DATE				
		191	55	CLIENT ID NUMBER DOES NOT MATC				
		1	1	H PATIENT NAME	1	1	· -	1 -